



POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	09/942.459		
Filing Date	8/29/2001		
First Named Inventor	Alain Houle		
Title			
Art Unit	2828		
Examiner Name	Flores Ruiz, Delma R		
Attorney Docket Number	CISCP713		

I hereby revoke all previous powers of attorney given in the above-identified application.						
I hereby appoint:				]		
Practitioners a Number:	associated with the Customer	5440	06			
OR						
Practitioner(s) named below:						
:	Name	me		Registration Number		
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.						
Please recognize or change the correspondence address for the above-identified application to:						
The address associated with the above-mentioned Customer Number:						
OR						
<u></u>	and the desired and the Occasional Management					
The address associated with Customer Number:  OR						
Firm or Individua	Firm or Individual Name					
Address						
<u> </u>			<sub>-</sub> <sub>1</sub> -	<del></del>		
City		State		Zip		
Country						
Telephone		Fax				
l am the:						
Applicant/Inventor.						
Assignee of record of the entire interest. See 37 CFR 3.71.						
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
	SIGNATURE of	Applicant or Assignee of	of Record			
Signature	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	~ M. 13	Date	July		
Name	Robert Barr	***	Telephone	(408) 526-4000		
Title and Company Vice President, Intellectual Property						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						
*Total of forms are submitted.						